

Name in Full

Certificate of Death

Died at

Date 19

Town

County

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Male

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Mother's Maiden Name

Cause of

Primary

Death

Immediate

How long sick

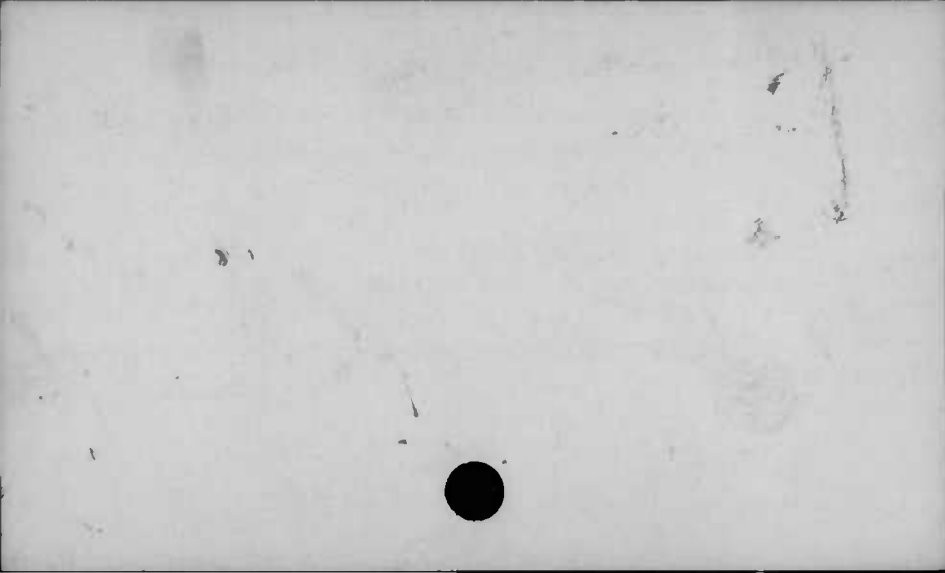
~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



*Fraucis A Buckler*

Town

County

Died at

*Huntingtown Cal*

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19*02*

*June 24*

Age *60 10.*

*md*

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

*1*

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

*Chronic Pulm. Tuberculosis*

How long sick

Death

Immediate

*Drop*

Accident, Suicide, Homicide

Reported by

*J. W. Leitch M.D.*

Address

*Huntingtown Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Emanuel Thomas Jackson

Died at *Oliver*

Town

County *Barren*

County

MARYLAND

Date 19 *02* *June* *15* Month Day

Y.

M.

D.

Native of

Occupation

Age

*3**6**old*

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's Name

*Thomas J. foot*

Mother's

Maiden Name

*Mary J. Turner*

Cause of Primary

Death Immediate

*Whooping Cough*

How long sick

*8 weeks*

Accident, Suicide, Homicide

Reported by

Address

*J. M. Jackson Minister**Oliver**Barren County*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Hammon Roosevelt Gardner

Died at

Troyes

County

Calvert

MARYLAND

Date

1902

Month

June

Day

16

Y.

M.

D.

Age

4

Native of

Chesapeake

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living -

Husband of

Wife

Father's

Name

Charles Gardner

Mother's

Maiden Name

Ida Brooks

Cause of

Primary

Whooping Cough

How long sick

2 weeks

Death

Immediate

Accident, Suicide, Homicide

Reported by

Jas L. Tucker

Undertaker

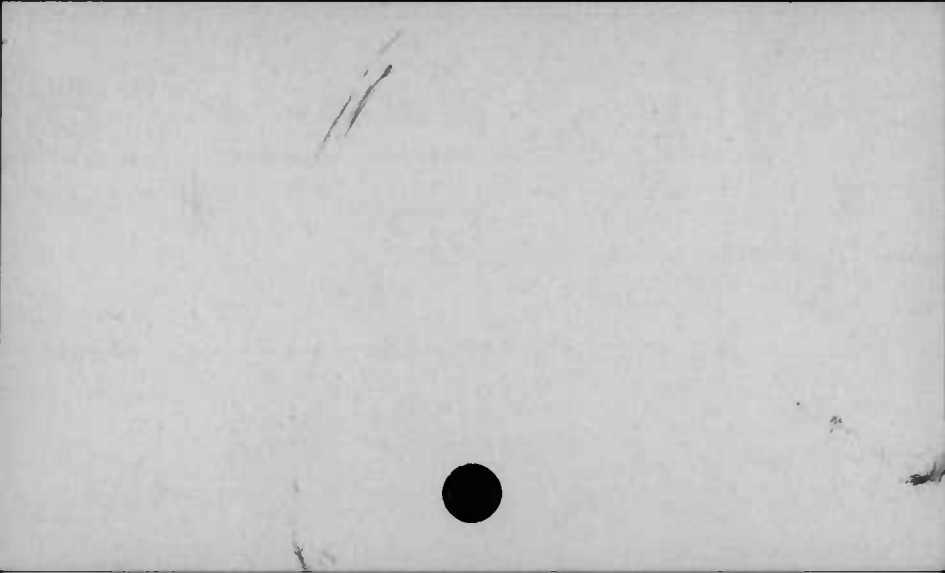
Address

Care Point

Calvert co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898





Name in Full

Certificate of Death

Died at

Date 19

Husband

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Richard M Johnson  
 Town Brotha County Calvert MARYLAND

Month Day Y. M. D. Native of Occupation  
 2 June 3 Age 91 - - Md Farmer  
 Male White Married Widower Divorced  
 Female Colored Single Widower Number of children living 4

Wife of Annora Ward

Father's Name Unknown Mother's Maiden Name Unknown

Primary Cause of Death Immediate Suicide Ability 154 How long sick 11 days  
 Accident, Suicide, Homicide

Reported by L. J. Chambers MD  
 Address Brotha Calvert Co



Benjamin Mossell  
 Town \_\_\_\_\_ County \_\_\_\_\_  
 Died at Huntingtown Calvert MARYLAND  
 Date 1902 June 5 Y. M. D. Age 29.1 Native of Ind Occupation Labourer  
 Male White Married Widow Divorced \_\_\_\_\_  
 Female \_\_\_\_\_ Colored \_\_\_\_\_ Single \_\_\_\_\_ Widower \_\_\_\_\_  
 Number of children living \_\_\_\_\_

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

*Joseph Bailey*  
 Died at *Solomons Island* Town *Calvert* County *MARYLAND*

Date 1903 *6* Month *12* Day *42* Y. *M.* M. *D.* Native of *W.D.* Occupation *Waterman*  
 Male *White* Married *Widow* Divorced  
 Female *Colored* Single *Widower* Number of children living *5*

Husband of *Laura Bailey*  
 Wife *Philip Bailey*  
 Father's Name *Philip Bailey* Mother's Maiden Name *\_\_\_\_\_*

Cause of *Primary* *Consumption* How long sick *12 months*  
 Death *Immediate* *Exhaustion* *27* Accident, Suicide, Homicide

Reported by *Oliver A Bailey*  
 Address *W. Union* *Sumner County, Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Name in Full *Joseph A Raley*  
 Died at *Oliver* Town *Baltimore* County *MARYLAND*  
 Date 19 *02* *June* *12* Month Day Y. M. D. *md* Native of *Oysterman* Occupation  
 Male *White* Married *Widow* Divorced *Female* *Colored* *Single* *Widower* Number of children living *4*  
 Husband of *Laura E. Bailey* *103*  
 Wife *Jamies Raley* *103*  
 Father's Name *Jamies Raley* Mother's Maiden Name *Sophia Cecil*  
 Cause of Death *Primary* *Exhaustion* *How long sick* *3 moos.*  
*Immediate* *Exhaustion* *Accident, Suicide, Homicide*  
 Reported by *Geo T Chambers MD*  
 Address *Bertha* *Baltimore Co*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

